

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016301

1. Entity Name

RAFALOWICZ & KEELOR & CO., LLC

FILED

01 OCT -1 PM 12: 17

Principal Place of Business

1627 BRICKELL AVENUE, #1501
MIAMI FL 33129

Mailing Address

1627 BRICKELL AVENUE, #1501
MIAMI FL 33129

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

2204

3. Mailing Address

Suite, Apt. #, etc.

2204

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELOR, RICHARD H
1627 BRICKELL AVENUE, #1501 2204
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Richard H. Keelor RICHARD H. KEELOR, MANAGING MEMBER 9/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER	RICHARD H. KEELOR	1627 BRICKELL AVE #2204	MIAMI, FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAGER	BOYCE B. RAFALOWICZ	1627 BRICKELL AVE #2204	MIAMI, FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard H. Keelor* RICHARD H. KEELOR 9/26/01 (305) 321-4199

CR2E083 (5/01)